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**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 14-018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

September 23, 2014

Ms. Sandra D. Terrell, MS, R.N.  
Chief Operating Officer  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 14-018

Dear Ms. Terrell:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-018 that was received in the Regional Office on September 15, 2014. The amendment allows North Carolina to convert its Section 1115 Family Planning waiver to a regular State plan amendment through Section 2303 of the Affordable Care Act. Through this SPA, North Carolina will provide family planning services to all individuals who are eligible; require the State to cover the same family planning services that categorically needy recipients receive; impose no restrictions for eligibility based on age to receive family planning services; and provide non-emergency medical transportation for recipients to and from family planning appointments.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-018. This SPA was approved on September 23, 2014. The effective date of this amendment is October 1, 2014. We are enclosing the signed paper-based HCFA-179, the MMDL-based 179, and the approved plan page.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

cc: Aldona Z. Wos, M.D., Secretary North Carolina Department of Health and Human Services  
Robin G. Cummings, M.D.

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
14-018

2. STATE  
NC

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE

October 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 2303 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 (\$515,129)

b. FFY 2016 (\$499,675)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Page 9

10. SUBJECT OF AMENDMENT:

Family Planning Services in conjunction with NC-14-0005 in the MMDL System

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//s//

13. TYPED NAME:

Aldona Z. Vos, M.D.

14. TITLE:

Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Office of the Secretary

Department of Health and Human Services

2001 Mail Service Center

Raleigh, NC 27699-20014

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09-15-14

18. DATE APPROVED: 09-23-14

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:

//s//

21. TYPED NAME:

Jackie Glaze

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes as authorized by state agency on email dated 10/22/14.

Block # 7a changed to read: FFY 2015 \$0 and Block # 7b changed to read: FFY 2016 \$0

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**State/Territory: North Carolina****Citation**

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**Family Planning Benefits****1905(a)(4)(C)**

**4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.**

Provided: ☐ No limitations ☒ With limitations

Please describe any limitations:

The State of North Carolina will cover a total of six family planning inter-periodic visits annually, not including the annual exam and will cover FDA-approved family planning supplies. Under the State Eligibility Option for Family Planning Services, the State will cover the same family planning services received by all traditional Medicaid beneficiaries.

**4.c.(ii) Family planning-related services provided under the above State Eligibility Option**

Of the six inter-periodic visits allowed under the program, the State of North Carolina will cover medically necessary family planning-related services, pursuant to or in conjunction with an annual exam. Family planning-related services will include screening for HIV, and screening and treatment for sexually-transmitted infections.